## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

/IS	L						
		*				*	
		IND.	DEP.	IND.	DEP.	IND.	D=0
	51		<u> </u>		DEF.	IND.	ĐEP.
l	52			<del> </del>			<del> </del>
	53					<del> </del> -	<del></del>
	54			<b></b>		<del> </del>	
	55					<del> </del>	<del> </del>
	56					<del></del>	<del> </del>
١	57						
	58					ļ	<del> </del>
ı	59					<del> </del>	
	60					<u> </u>	-
-	61					<del>                                     </del>	<del> </del>
Ì	62					<del> </del>	
1	63						
1	64						
	65						-
ı	66						
	67						
	68						
- [	69						
	70						
	71						
ļ	72						
ļ	73						
-	74						
-	75						
-	76						
-	77						
ŀ	78						<b></b>
ł	79 80						
H	81						
ŀ	82						
ŀ	83						
ŀ	84						
F	85						
r	86						
f	87						
	88						
	89						
L	90						
L	91						
L	92						
L	93						
L	94						
1	95						
F	96						
$\perp$	97 98						
-	99						
$\vdash$	100						
$\vdash$	TOTAL						
L	IND.		_!		_!		_1
L	TOTAL DEP.		_		1		
L	TOTAL CLAIMS						

<sup>\*</sup> MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

U.S.DEPARTMENT OF COMMERCE Patent and Trademark Office

TOTAL 16

\_1

TOTAL IND.